



DHHS In Focus

DHHS Vision: Maine People Living Safe, Healthy and Productive Lives

May 2006

Harvey Sworn In By Governor

The Maine Department of Human Services has a new Commissioner.

On Thursday, April 27, Brenda M. Harvey, of Gardiner, with her right hand held high, was sworn in as Commissioner. With her, in the Governor's Office, were three generations of her family - many of whom had made the drive down from Aroostook County. Harvey, who served as Acting Commissioner since the retirement of John "Jack" Nicholas in January, was surrounded by nearly 15 members of her family - including her parents, husband David M. Lawlor, and her son, Sean.

This swearing-in ceremony marked the close of what was almost a full week of legislative actions that began on Tuesday April 25, inside a small hearing room on the fourth floor of the State House in Augusta.

On that Tuesday - and as a clerk turned furniture mover, carried in the last of the chairs for many of the overflow crowd that filled the room - the hearing before the Joint Standing Committee on Health and Human Services commenced. Committee co-chairs Senator Arthur F. Mayo and Representative Hannah Pingree swiftly brought the crowd to order.

Patrick Ende, Senior Policy Advisor to Governor Baldacci presented Harvey to the Committee, which is composed of 14 members of the Legislature. Ende outlined Harvey's qualifications and then, on behalf of the Governor, offered her appointment as Commissioner.

With that done, Harvey spoke to the committee in an 11-minute address that outlined her personal values, skills, abilities, and experiences that have prepared her to succeed as Commissioner. In her remarks, Harvey reviewed her recent history within the Department.

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Brenda Harvey's April 28th appointment makes her the second Commissioner of Maine's Department of Health and Human Services

Legislative Update

Lucky Hollander, Director, Legislative Relations

Greetings from Augusta!

In this issue, I was sure I would be telling you about the final days of the legislative session, but what a surprise! On Friday, April 28 in the wee hours, they decided to reconvene again on May 22 because they had not finished their work. Still remaining are a “pile” of bills on the Appropriations Table which have costs attached, and some very complicated, difficult policy issues (like the proposed changes in how Dirigo is administered) that they simply could not resolve in the time left.

Hats off to the energy of young advocates!

As promised, I will spend the next few issues giving you a glimpse of bills that were passed that affect our policy or practice. I want to start with *LD 1682, An Act To Support Sibling Rights in Child Welfare Custody Matters*. The success of this legislation was a heartwarming experience.



High school senior Kala Clark, center, with Governor John Baldacci and DHHS Commissioner Brenda Harvey

It was initiated by Kala Clark, who will soon graduate from Mount Desert High School. When Kala was a freshman and recently placed in foster care, she was told by a judge that, although he sympathized with her plea to have a court order requiring her natural mother and DHHS to arrange regular visitation with her brother who was still at home, he believed he lacked the statutory authority to do so. She wrote a letter to both Governor Baldacci and then-Commissioner Jack Nicholas. Shortly thereafter, she presented her case at a statewide conference. The Commissioner was so taken by her story, that he agreed to give her the help and support to change the law. The Governor's Office introduced the bill during the 1st regular session of the 122nd Legislature, and it was passed this session.

Kala was invited to the Governor's Office on Friday, April 28, to witness the signing of the bill. In addition to the Governor and Commissioner Brenda Harvey (the first full day after her official swearing in) she was also joined by her grandmother, foster parent, and 3 staff from both DHHS and the Muskie School's Youth Leadership program, which Kala is very active in. She will be graduating in June, and will attend the University of Massachusetts at Amherst in the fall, majoring in public policy.

Not only does this represent sound policy, but it is a tribute to the resiliency of children, and those adults who surround them who believe in their ability to succeed. Our thanks and sincere congratulations go out to Kala, her family, and to the staff who have stuck by her and encouraged her to speak out.

Radziszewski's Career "Powers Down"

When Joe Radziszewski began his career at the former Department of Human Services it was 1977. Desktop computers on every desk was something even a "computer geek" couldn't imagine. The Department's technological systems functioned from a "main frame" computer—a large data processing machine complete with blinking lights and whirring fans, an image which represented the 1950s version of the computer.

Now it's 2006, and the Division of Technology Services serves over 4,000 users who have a computer on every desk; the very same Division that started out with a main frame now uses microcomputer technology to manage millions of dollars of client and provider payments and myriad other functions.



Joe started out as an Analyst Programmer II in a Division that was called, back then, "Data Processing". He promoted up from that position in 1983 to a System Project Leader, overseeing the Department's transition to more modern information processing systems.

In 1987 Joe became a Systems Team Leader, and a major focus for him and his team became preparing the Department's computer systems to understand the upcoming turn of the century. 1994 saw Joe promoting to Director of the Division of Data Processing. As the Division continued to expand and computer technology grew in leap and bounds, the Department's technology Division kept up, and in 2002, Joe's title changed to Agency Information Technology Director.

Joe's career spanned the administrations of eight different Commissioners. As Joe moved up in the ranks of technology services, technology itself raced along beside him, and the Department's capacity for information processing kept pace.

Joe considered retirement in 2003, but returned to state service and oversaw the Department's technology division until the integration of technology directors into a service center run by the Department of Administrative and Financial Services in 2005.

On April 28, 2006, Joe and many of his friends in the Department and former colleagues celebrated his retirement at a gathering in the ground floor offices where it all began for Joe in the '70s. As he discussed his upcoming plans, friends reminded him they'd be thinking of him when they come to work every day, back where it all started, the place where computers on every desk was a dream for the future.



April (and May) showers bring spring flowers AND promotions, transfers, or brand new jobs at DHHS. We welcome the following folks to their new jobs:

Mary Bailey
Daniel Bernier
Noël Bonam
Shirley A Browne
Frances Cartier
Neil Cormier
Kathleen Crawford
Brandi Cunningham
Norman Curtis
Lisa Cushing
Kathryn Danaher
Sheena Farmer
Jessie Gilman
Nicole Ingalls
Heather Levesque
Patty Matson
Praveen Mulle
Kim Negrón
Jessica Roux
Maya Dhari Amrit Swami
Steven Thompson
Nicole Vicente

Stretch It Out! Making Flexibility Last All Day

Stretching is always recommended for any physical activity once your muscles are warm, but how about stretching at work? Many companies are adopting stretching programs for their workforce based on employee job tasks. The DHHS workforce consists of those who work in office environments, patient care settings, and who spend many hours driving to and from various locations.

No matter what our jobs entail, maintaining our flexibility is a good practice. Sitting or standing in prolonged static positions, being positioned in awkward postures, or performing repetitive tasks warrant stretching to relieve tense muscles and enable good circulation. As our work intensifies with demands and deadlines, driving conditions, or interactions with consumers, our bodies can tense and soreness can result.

Proper workstation set up is essential for preventing injury or overuse, but even with the most ideal workstation, our bodies can use a periodic change of position.

Why Stretch?

Increased flexibility
Relaxed Muscles
Improved Posture
Decreased effects of repetitive muscle use
And Just to Feel Good and Be Able to Work!

Improved range of motion
Improved Circulation
Prevention of Muscle Strain



When to Stretch?

After prolonged periods of sitting, standing and/or computer work – ideally every 60 minutes. Anytime you feel stiffness or tightness in muscles.

How to Stretch?

Static stretching (achieving a stretch and holding the position) is recommended, rather than “bouncing” in a stretched position. Be gentle and gradually increase the stretch to place tension on the muscle - but not to the point of pain.

Be your own judge...If you have a medical condition, consult with your treatment provider for appropriate stretching – Modify stretching to meet your own limitations.



A stretching poster is available for all DHHS worksites. Building Coordinators or Health and Safety Committee members can contact Becky Greene at 287-9919 to get copies for posting. We recommend they be placed near copy/fax machines so while you wait – you stretch. Build stretching into your day and know that prevention is the best answer for reducing discomfort.

Sample Posture Stretch:

With your hands raised, squeeze the shoulder blades together, stretching the chest. Imagine pinching a pencil between the shoulder blades. Hold each stretch 10-15 seconds. Repeat 2-3 times.

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"I have been an integral member of the leadership team developing and preparing a departmental budget for the last four years, Harvey told the Committee. "Upon assuming the responsibilities of Acting Commissioner, I was given two weeks preparation to present the DHHS supplemental budget request to the Joint Standing Committee on Appropriations and Financial Services.

"I identified information and resource needs, assigned tasks

to the appropriate persons, and worked tirelessly so that I would be ready. I believe I met that goal. Throughout that process, I gained great confidence in my team. It is clear we share a public service work ethic; that we practice from the Department's foundational values and guiding principles and that together we can get the job done."

Harvey told the Committee that DHHS had a lot of strengths. "Our employees are our most significant resource. They must be adequately informed to carry out the Department's mission," Harvey said.

"DHHS has adopted business management strategies (LEAN) to reduce inefficiencies in our business practices. A recent example is the reduction from 100 to 5 days for processing death certificates. As a result, we have received numerous letters complimenting the quality and timeliness of that work."



Commissioner Harvey's hands her father, Roger Harvey, the ceremonial pen as her mother, Violet, son Sean, and husband David Lawlor look on.

Harvey said that DHHS has strong, competent leadership at the Executive and Office Director levels and that recent external reviews gave DHHS and Maine top national rankings in areas of food stamp penetration rates, mental health (top five states) and mental retardation services (second in the nation).

She praised the involvement of stakeholders who are engaged in the development and implementation of policy initiatives. She said that, "DHHS has made significant improvements in accounting practices" and that the unification of the former departments is "well underway."

"During my tenure as Acting Commissioner, I have expanded communication between the Commissioner's office and all staff through my weekly updates and a monthly employee newsletter. All mid-managers are meeting together regularly to assure that they are unified and fully engaged in the organization's cultural transformation.

CO-OCCURRING CONDITIONS IN THE SPOTLIGHT

Anyone who's taken a stroll through the 2nd floor of the Marquardt building (east campus in Augusta) lately has probably seen a colorful banner on the wall that reads "Co-occurring conditions are an expectation, not an exception!" Placed there by Brenda Harvey even before she became our Commissioner, the banner reflects the Department's commitment to encouraging the development of integrated services for consumers who have both a mental health *and* a substance abuse disorder.

There are many more consumers with these complex co-occurring conditions out there than one might think – up to 65% of those diagnosed with a mental illness also have a substance abuse disorder according to the Surgeon General.

Both the federal government and many other state departments of health are recognizing the needs of this large segment of consumers, including both adults and children, and, along with Maine, are working to respond more effectively.

In September 2005, the U.S. Substance Abuse and Mental Health Services Administration, (SAMHSA) awarded DHHS a five-year federal grant to assist Maine in developing state policies and procedures that will support integrated treatment for co-occurring disorders. Called the COSII – *Co-occurring State Integration Initiative*, the project is co-directed by Kim Johnson, Director of the Office of Substance

Abuse, and by Claire Harrison, Director of Integrated Services for Region 1. The COSII work is well under way. The Department contracts with the Co-occurring Collaborative of Southern Maine to provide over-all grant management and training activities and with Hornby-Zeller Associates to provide evaluation of both the grant process and the outcomes achieved by providers.

"Finding ways to serve individuals with co-occurring conditions provides a perfect opportunity for this Department to enhance integrated service delivery".

~Claudia Bepko

Claudia Bepko, Project Coordinator, began in November 2005 and has been facilitating a number of sub-committees and work groups who are each addressing a crucial aspect of systems development. Some of the major activities of the grant include the following:

Five subcommittees are working on Licensing, Data, Workforce Development, Reimbursement, Screening and Assessment, and an Advisory Committee is overseeing the work of all.

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Eighteen provider agencies will become grant pilot sites. These are facilities that will experiment with implementation of best practices in co-occurring treatment and policy and help to provide data on outcomes;

Each of the three DHHS Regions will have its own team of Performance Improvement Partners. These teams will become learning communities who support, train and consult to providers engaged in the process of implementing co-occurring practice.

Consumers will be involved at all levels of the grant – particularly on the Regional Teams.

The COSII project receives help and consultation from a national Co-occurring Center for Ex-

cellence as well as national experts such as Drs. Kenneth Minkoff and Christie Cline.

Only 14 other states have been awarded this grant. That puts Maine DHHS in the forefront of states who are creating and innovating approaches for its consumers with multiple conditions. Recently Connecticut and Vermont have joined the ranks of award grantees and both states will meet with our COSII team in May to share regional strategies and approaches.

Ultimately, the hope is that this grant will make it easier to integrate services and to get our consumers the help that they need. We expect many changes over the next five years in clinical practices, licensing requirements, reimbursement patterns, and our ability to collect good data on who our customers with co-occurring issues really are.

We'll know we have met the goals of the grant when both providers and consumers no longer assume that a mental health problem and a substance abuse problem have to be treated in two

different places by two different service providers.

We will truly have achieved the goal of healing whole people.

By Claudia Bepko, Coordinator *Co-occurring State Integration Initiative*, Office of Substance Abuse

Change That Letterhead!

With the confirmation of Brenda M. Harvey as Commissioner, it is time for everyone to update their letterhead. Please be sure the header contains the name and title of Brenda M. Harvey, Commissioner. Additionally, the vision statement at the bottom of the letterhead should be "Our vision is Maine people living safe, healthy and productive lives" instead of "Our vision is Maine people enjoying safe, healthy and productive lives."

Letterhead templates are available to staff on the DHHS Intranet website. If you need assistance adjusting your letterhead, please contact your local Tech Support, or phone the DHHS help desk at 287-1766.



Pineland: Lessons Learned

Ten years ago the Pineland Center closed. For 88 years, it served as a home for people who were once reported to have been described as "idiotic and feeble-minded."

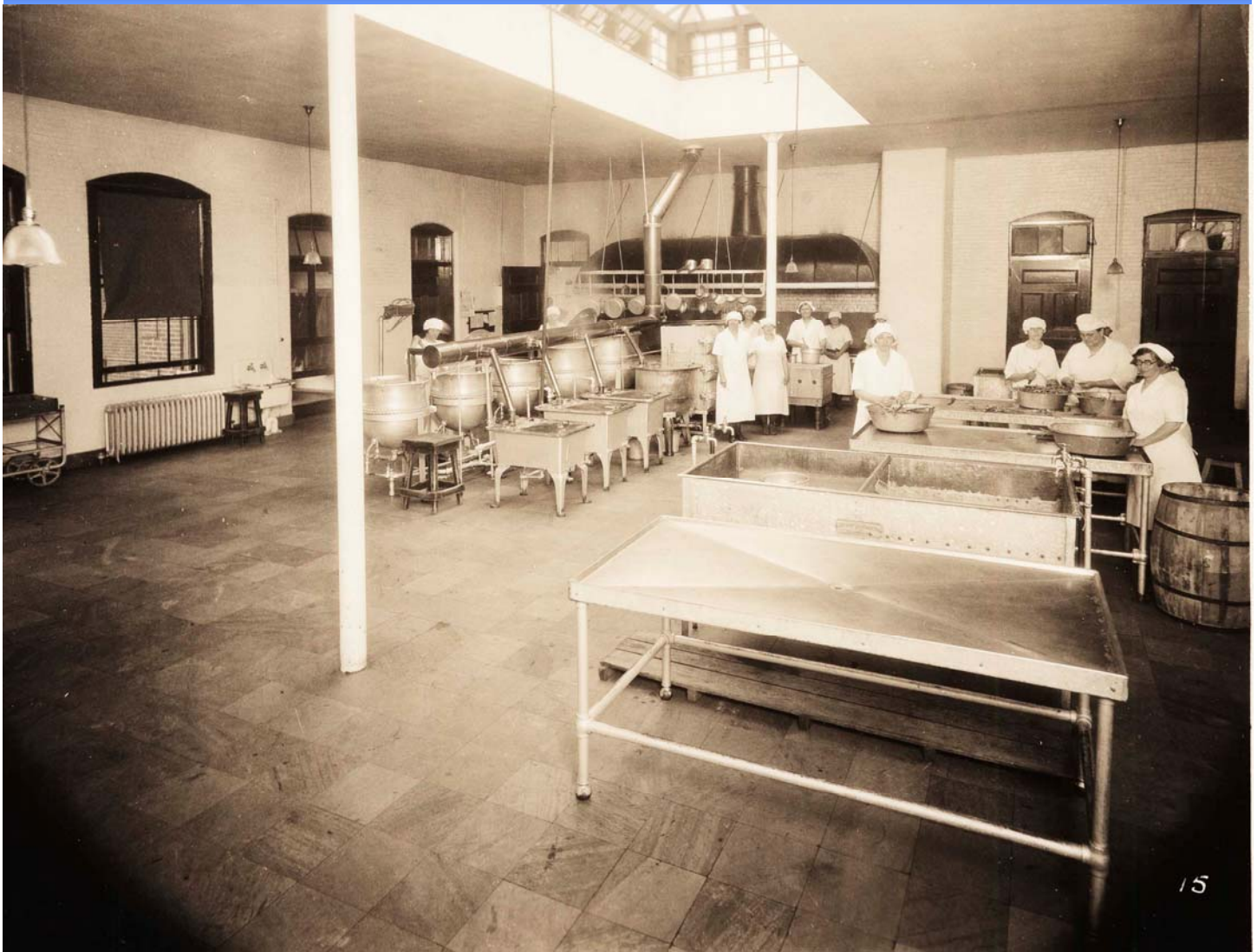
For the people with intellectual disabilities, the times, attitudes and institutions that care for them have changed.

To try and get some understanding about the Pineland Center and what it means to us today, we talked with University of Southern Maine Professor Stephen T. Murphy. Murphy,

who is Professor of Counselor Education and director of the rehabilitation counseling program, has written a book on the Pineland Center.

Murphy offers insight into what that institution can teach us about how we serve those with intellectual disabilities today. Here is part of that conversation with Professor Murphy.





Q. Professor Murphy, what does this mean? What significance can one attach to the closure of Pineland?

A: It is certainly the end of an era in Maine, and in some ways, across the country. When one of these places closes, it really represents a complete change in the way we perceive and treat people with intellectual disabilities.

Q: What was the change?

A. Historically, people with intellectual disabilities were considered to be, initially, deficient and then dangerous and

then at the end, sick. All of those descriptions are a little different, but they all meant basically the same thing - that people should be segregated. When we got to this point of deciding that the problem "was in them" and that the best thing to do was to "remove" them - because they were troublesome to us - we ended up with this institution of convenience. You can call it a school; you can call it a center, but it was really a repository for people who were considered by us to be "troublesome." That was the big change. We changed the way we perceived those individuals.

And I think what really happened was is that there was a self-perpetuating momentum created by the institution that sort of justified itself as it went along. It invented new reasons to exist. And at the end, it existed for economic and political reasons as much as anything. It became like a business in a community. It was a source of jobs. It had a political constituency, because you had numerous supporters who were defending it vigorously. So the institution itself created reasons to keep itself going that went beyond its value as a place of care or therapy.



Q: What do you think are the important lessons, or set of lessons, around this Pineland closure and the institutional changes that happened afterwards?

A: One thing that we need to remember – and I think that we’ve learned this lesson pretty well – is that removing people from society for any reason is such a serious matter, that no matter what the rationale, we should always question why people need to be removed from our society?

I think that we have created a society which has not considered people with intellectual disabilities to the extent that it should. Removing them, or ignoring them, or minimizing them still seems natural and just to us, as incorrect as that may be.

Q: What are we doing differently now and how is it working?

A: We are listening to people with intellectual disabilities more, serving them more in our communities and trying to assist them to live typical lives as valued, participating societal members without having to be removed from society. When a child is born with intellectual disability, that child now has a legal right to go to public schools, a right to participate in the curriculum and to receive the same kind of preparation for a community life that other students receive.

So, people, instead of being placed in an institution or segregated classrooms or schools, there is this idea that students should be participating members of our regular societal institutions. And (afterwards) people have shown the ability to become employed, own their own homes, and participate in typical community activities and social relationships. So, what were doing differently is that we’re reducing

(the number) of people we are removing from society (but that doesn’t say we’re doing that for everybody) and trying to re-structure our social institutions to become more inclusive.

Q: Is what we are doing now working? What could we do to do better?

A: We are on the right road and moving in the right direction. But, we have a lot of people in congregate settings and have a long way to go for people to really become part of our communities. People are in the community in large measure in Maine. They are physically present, but too often remain socially insulated from the rest of us — on the periphery of our communities. I think in that sense, they are not really “of the community,” and *a c t i v e l y i n c l u d e d .*

If we had one area to really work on, it would really be to make our communities more inclusive - by consciously welcoming people and recognizing their varied contributions. I think, in that sense, we have a long way to go. We always remove people and put them somewhere with the best of intentions, but often it proves to be a terrible mistake.



(Photos courtesy of Maine State Archives, Pineland Collection)